**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709103 (6)

1. Corporation Name
**THE FIRST BAPTIST CHURCH OF ODESSA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1234 GUNN HWY<br>ODESSA FL 33556-9303 | 1234 GUNN HWY<br>ODESSA FL 33556-9303 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1965
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2034069 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| GASKINS, MRS. KATHRYN S.<br>1234 GUNN HWY<br>ODESSA FL 33556 | 81 Name: STEPHENS, MR. LOUIS<br>82 Street Address (P.O. Box Number is Not Acceptable): 19460 ANGEL LANE<br>83<br>84 City: ODESSA FL 85 Zip Code: 33556 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Louis M Stephens 4-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DT | 1.1 TITLE | Tr/D | ☒ Change ☐ Addition |
| NAME | GASKINS, WILLIAM | 1.2 NAME | | |
| STREET ADDRESS | 14721 ALBERTON LN | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ODESSA FL | 1.4 CITY-ST-ZIP | | |
| TITLE | TD | 2.1 TITLE | D/Tr | ☒ Change ☐ Addition |
| NAME | STEPHENS, LIGIA | 2.2 NAME | STEPHENS, LOUIS | |
| STREET ADDRESS | 19460 ANGEL LANE | 2.3 STREET ADDRESS | 19460 ANGEL LANE | |
| CITY-ST-ZIP | ODESSA FL | 2.4 CITY-ST-ZIP | ODESSA FL 33556 | |
| TITLE | S | 3.1 TITLE | S/T | ☒ Change ☐ Addition |
| NAME | GASKINS, KATHRYN | 3.2 NAME | CRAWFORD, SUSAN | |
| STREET ADDRESS | 14721 ALBERTON LN | 3.3 STREET ADDRESS | 1016 HUNTSVILLE ROAD | |
| CITY-ST-ZIP | ODESSA FL | 3.4 CITY-ST-ZIP | ODESSA FL 33556 | |
| TITLE | T | 4.1 TITLE | Tr/D | ☒ Change ☐ Addition |
| NAME | STRALEY, ORAL | 4.2 NAME | | |
| STREET ADDRESS | 18258 WAYNE RD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ODESSA FL | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan E. Crawford SUSAN CRAWFORD SECRETARY/TREASURER 4/18/95 (813) 920-2949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00626 TO